

CHAPTER 17 – PRIOR AUTHORIZATION REQUIREMENTS

REVISION DATE: 4/16/14

INITIAL IMPLEMENTATION DATE: March 29, 2013

REFERENCES: [AHCCCS](#) – Medical Policy Manual; [Mercy Care Plan](#); [Care 1st](#); [Arizona Physicians, IPA](#); [Prior Authorization for HCBS](#)

To receive prior authorization for acute care services for a Division member enrolled with an acute care health plan, providers should contact the Prior Authorization Department of the member's acute care Health Plan.

To receive prior authorization for acute care services for a Division member enrolled with American Indian Health Program (AIHP), providers should contact the Division's Health Care Services Prior Authorization Unit at the contact information below.

The Division adheres to the prior authorization guidelines and timelines available in the AHCCCS Medical Policy Manual. Standard authorization requests will be processed within 14 calendar days of physician's order. Expedited authorization requests must be noted as such and will be processed within three working days of physician's order.

Health Care Services/Prior Authorization Unit
3443 North Central Avenue, Suite 600
Site Code 795M
Phoenix, Arizona 85005
(602) 771-8080 phone
(800) 624-4964 toll-free
(602) 238-9294 fax

Prior authorization for Home and Community Based Services can be found on the Division's website.